

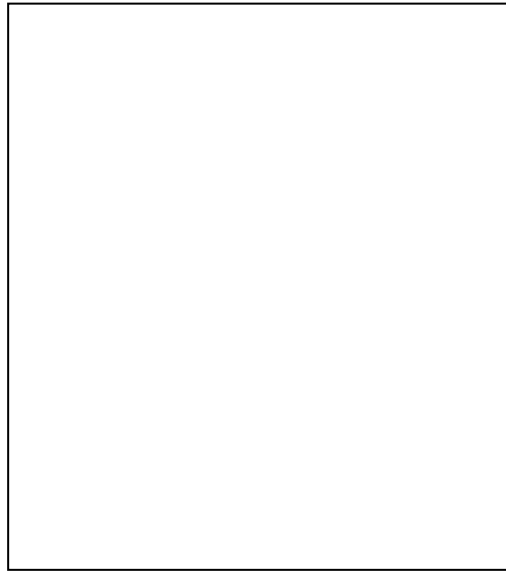
Surname of Child		Forename of Child		
Middle Name(s)		Chosen Name		
Gender	Male Female	Date of Birth		
Child's Address				
Postcode				
Telephone No.		Registration Group (school use)		
Brother/Sister in school?	Name:	Year:		
	Name:	Year:		
Parent/Guardian Contact and Emergency Contacts and Childcare provider details. Please list in priority order.				
	Name of Parent/Carer	Full Address (including postcode)	Telephone numbers	Relationship (please tick to indicate who has parental responsibility)
1.			Home: Mobile: Work:	Parental Responsibility? <input type="checkbox"/>
2.			Home: Mobile: Work:	Parental Responsibility? <input type="checkbox"/>
3.			Home: Mobile: Work:	Parental Responsibility? <input type="checkbox"/>
4.			Home: Mobile: Work:	Parental Responsibility? <input type="checkbox"/>

Education History			
Previous School Name	Previous School Address and telephone numbers	Dates attended Previous Schools	
Ethnic Group	Home Language	First Language	Religion/Faith
Doctors Name	Surgery Address		Telephone Number
Medical History	To be obtained from previous schools		
Medical Note(s)			
Please indicate any dietary allergies or preferences your child has:			
Dietary Needs: Dietary Preferences: (i.e. Vegetarian)			
Medical Conditions			
School Meal Y/N Sandwiches Y/N	Mode of travel <input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Car or Van <input type="checkbox"/> Walk <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Car Share <input type="checkbox"/> Other		
Any other information:			
Signature:-		Date:-	
FOR ADMINISTRATION PURPOSES:-			
Date of Admission:	Admission Number:	UPN:	

Information about your child

Please would you take some time to fill in our short questionnaire about your child. It will help us get to know them and ensure we are responding to their interests and needs.

Name:



A photograph of

What would you like your child to be called at school?	
Does your child have any medical difficulties or needs? (e.g. illness, allergies, asthma, sight, hearing or speech difficulties)	
Has your child had any assessments by other agencies? (e.g. speech therapy, physiotherapy)	
What kind of activities does your child enjoy?	
What are his/her favourite toys and games?	

Does your child mostly like to play with you, alone or with a friend?	
Approximately how long does he/she concentrate on an activity?	
What are your child's favourite songs, rhymes, stories and TV programmes?	
Are there any situations that make your child nervous or anxious?	
When is your child happiest?	
What do you see as the most important things for your child during their first year at school?	